


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|------------|---|-----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 300622004601 | |
| Application Number | | Filed | |
| 10/506,630 | | Int'l. March 4, 2003 | |
| For METHODS TO MEDIATE POLYKETIDE SYNTHASE MODULE EFFECTIVENESS | | | |
| Art Unit | | Examiner | |
| Not Yet Assigned | | Not Yet Assigned | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ 795.00 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . I have enclosed a duplicate copy of this sheet. Transmittal Letter to the U.S. Designated/Elected Office, etc. is attached to this submission in duplicate. | | | |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>45,193</u> | | | |
|  Signature | | <u>April 1, 2005</u> Date | |
| <u>Brenda J. Wallach</u> Typed or printed name | | <u>(858) 720-7961</u> Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

04/06/2005 GFREY1 00000085 031952 10506630

02 FC:2254 795.00 DA